

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****FORM-GB**Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

IDOC - Newton Correctional Facility	
Name of Department or Office PO Box 281	Newton, IA 50208
Mailing Address 541.792.7552	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

AD Buack	
Name (same)	(same)
Mailing Address (if different from above) aaron.baack@iowa.gov	City, State, Zip (if different from above) (same)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Richard W. Machin	
Name	
6133 E 36th Street S	Newton, IA 50208
Mailing Address	City, State, Zip Code
641.792.7866	
Area Code & Telephone Number	
n/a	
Email Address (optional)	

03 May 2012	\$400.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Four row crop cultivator for use in the Correctional Facility garden.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, DIANNE WILDEA-TOMLINSON affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Dianna Wilde-Tomlinson
Signature

5-15-12
Date

Date _____

Name of Publication	Items From	Address	City, State, Zip Code	Quantity	Value	Type
The Serving Brother	Apostles Of The Divine Mercy	10016 Park Place Ave	Riverview, FL 33569	25	\$1.00	Booklets
There Are 2 Secret Places	Gospel Express Evangelistic Ministries	P.O. Box 217	Lynn, NC 28750	5	\$1.25	Newsletter
Prisoner To Prisoner	Kairos Prison Ministry Of Ohio	P.O. Box 750354	Dayton, OH 45475-0354	2	\$2.00	Booklets
The Catholic Mirror	The Cathloic Mirror	601 Grand Ave	Des Moines, Ia. 50309	1	\$1.50	Newspaper
The First Step Bible Correspondence	Lamp And Light Publishers	26 Road 5577	Farmington, NM 87401	2	\$1.00	Booklets
Freedom in Truth Ministry	Missionary Mike Keller	PO Box 326	Inerlachen, Fl 32148	50	\$347.50	Books
The Word Among Us	The Word Among Us	7115 Guilford Dr Ste 100	Fredercik, MD 21704	50	\$225.00	Booklets
St. Anthony Messenger		28 W. Liberty Street	Cincinnati, OH 45202-6498	1	\$3.18	Magazine
Upper Room Spanish Ones	Upper Room Ministries	1908 Grand Ave	Nashville, TN 37203-0003	5	\$22.50	Booklets
					\$604.93	